

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 08/535,543
Patent No.: 5,628,845
Inventor: Murray et al.
Filing Date: 09/28/1995
Issue Date: 05/13/1997
Title: Process for Forming
Hydratable, Flexible
Refrigerant Media

DECLARATION OF ROBERT McGUIRE

1. I am an investor in ThermaFreeze Products Corporation, and I was one of the investors in Thermal Products, Inc. I am submitting this declaration to provide factual support for the Petitions to Revive U.S. Patent Nos. 5,628,845 ("the '845 patent") and 5,966,962 ("the '962 patent").
2. I have had several telephone conversations and e-mail correspondences with patent attorney Barry Negrin of Pryor Cashman, LLP. Mr. Negrin asked me to try to locate some documentary evidence that would show the authorization of the payment of maintenance fees for the '845 and '962 patents.
3. I spent many hours in October 2007 attempting to locate documents relating to Thermal Products, Inc. I looked through my own file cabinets and archive boxes in Encino, CA. I also looked through storage files and archive boxes used by Thomas Pryor (the former CEO and CFO of Thermal Products, Inc.) and the bookkeeper who worked for him. All I found were a few checks dated in and around 2000. Attached as Exhibit A is a true and correct copy of the nine checks and three fund transfers that I found.

**Declaration of Robert McGuire
In Support of Petitions to Revive
U.S. Patent Nos. 5,628,845 and 5,966,962**

4. Mr. Pryor used to maintain a home office where he kept many records on behalf of Thermal Products, Inc. Unfortunately, when Mr. Pryor died in or around 2004, his family relocated residences, and it appears that they discarded all his accounting records. The remaining records were very scant. In fact, the only reason I found the checks of Exhibit A is because they were misfiled.

5. I was on the East Coast for a period of about a week and a half at the end of October and beginning of November 2007. At the behest of Joseph Murray (the inventor and President of ThermaFreeze Products Corporation) and Mr. Negrin, I drove from New York City to the last known office and whereabouts of our former patent attorney, Emmett Pugh, in Suffield, CT. I was aware Mr. Pugh had had a major stroke last year in June while on the telephone with Mr. Murray. I was hoping to find at least his files relating to Mr. Murray's inventions, if not Mr. Pugh himself.

6. I found Mr. Pugh and his wife at their Suffield, CT home (which was also Mr. Pugh's work address). According to Mrs. Pugh, Mr. Pugh had suffered an embolism two weeks after the June 2006 stroke and was, for a time, completely paralyzed. Mr. Pugh had no memory of any of the matters concerned with Mr. Murray or Thermal Products, and he had no idea about any of his files. He was substantially incoherent. His wife informed me that they were imminently moving to New Hampshire so that Mr. Pugh could continue his slow recovery. She was unable to tell me anything about any files, and it did not seem appropriate to press her on the subject given the circumstances.

**Declaration of Robert McGuire
In Support of Petitions to Revive
U.S. Patent Nos. 5,628,845 and 5,966,962**

7. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent(s) issued thereon.

Executed in Encino, Ca (location)

Date: 11/15/07

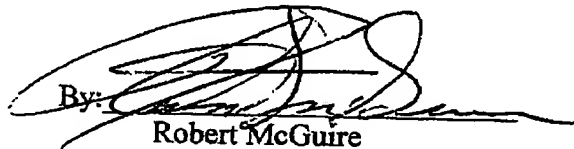
By: 
Robert McGuire

EXHIBIT A

1932

THERMAL PRODUCTS, INC.
4430 HASKELL AVENUE
ENCINO, CA 91436

DATE October 6, 1999 94-72-1224PAY
TO THE
ORDER OF

PUGH ASSOCIATES, P.C.

\$5,000.00

Five Thousand Only

DOLLARS ☒ ☐ ☐

BANK OF AMERICA
LAS VEGAS, NEVADA 89193-8500

FOR

⑈00001932⑈ ⑆122400724⑆

510266299⑈

⑈0000500000⑈

2080

THERMAL PRODUCTS, INC.
4430 HASKELL AVENUE
ENCINO, CA 91436

DATE December 1, 1999 94-72-1224PAY
TO THE
ORDER OF

PUGH ASSOCIATES, P.C.

\$2,000.00

*****TWO THOUSAND*****

DOLLARS ☒ ☐ ☐

BANK OF AMERICA
LAS VEGAS, NEVADA 89193-8500

FOR

⑈00002080⑈ ⑆122400724⑆

510266299⑈

⑈0000200000⑈

2099

THERMAL PRODUCTS, INC.
4430 HASKELL AVENUE
ENCINO, CA 91436

DATE 10-12-99 94-72-1224PAY
TO THE
ORDER OF

Emmett Pugh

\$2000.00

Two Thousand Dollars only N/A/00

DOLLARS ☒ ☐ ☐

BANK OF AMERICA
LAS VEGAS, NEVADA 89193-8500

FOR

⑈00002099⑈ ⑆122400724⑆

510266299⑈

⑈0000200000⑈

THERMAL PRODUCTS, INC.

4430 HASKELL AVENUE
ENCINO, CA 91436

3147-

1525

DATE MAY 14, 1999

94-72-1224

PAY
TO THE
ORDER OFPUGH / ASSOCIATES LAW OFFICES \$3,147.⁰⁰

Three Thousand One Hundred Forty Seven and 00/100

BANK OF AMERICA
LAS VEGAS, NEVADA 89193-8600

FOR Thermal Products / Patent

⑈00001525⑈ ⑆122400724⑆

510266299⑈

⑈0000314700⑈

THERMAL PRODUCTS, INC.

4430 HASKELL AVENUE
ENCINO, CA 91436

2427

DATE 3-27-00

94-72-1224

PAY
TO THE
ORDER OF

Emmett Pugh

\$2,000-

Two Thousand Dollars and No/100

BANK OF AMERICA
07667 NV

DOLLARS

FOR on a/c

⑈002427⑈ ⑆122400724⑆ 000510266299⑈

⑈0000200000⑈

THERMAL PRODUCTS, INC.

4430 HASKELL AVENUE
ENCINO, CA 91436

DATE 11-28-2001

94-72-1224

PAY
TO THE
ORDER OF

Emmett Pugh

\$935.⁰⁰

DOLLARS

Bank of America

ACH RVT 122400724

FOR

Issuance of Deliverable Patent

⑈003258⑈ ⑆122400724⑆ 000510266299⑈

2379

THERMAL PRODUCTS, INC.4430 HASKELL AVENUE
ENCINO, CA 91436DATE 3/9/2000 94-72-1224PAY
TO THE
ORDER OFPUGH / ASSOCIATES

\$1,454.00

One Thousand Four Hundred Fifty-Four & 70/100DOLLARS BANK OF AMERICA
07667 NV

FOR

Antulla L. Linn

⑈002379⑈ ⑆122400724⑆ 000510266299⑈ ⑆0000145430⑈

Security enhanced document. See back for details.

4452

THERMAFREEZE, INC.4430 HASKELL AVE
ENCINO, CA 91436DATE May 15 - 2000 16-66/1220 2147PAY
TO THE
ORDER OFEmmett Pugh

\$385.00

Three Hundred Eighty Five & 00/100DOLLARS **Bank of America** (818) 964-8200
Topanga Canyon - Ventura Branch #2147
6440 Topanga Canyon
Woodland Hills, CA 91364

FOR

Sho Pugh

⑈004452⑈ ⑆122000661⑆ 21475⑈ 15287⑈

2110

THERMAL PRODUCTS, INC.4430 HASKELL AVENUE
ENCINO, CA 91436DATE 12-13-99 94-72-1224PAY
TO THE
ORDER OFEmmett Pugh

\$1000.00

One Thousand Dollars & 00/100DOLLARS BANK OF AMERICA
07667 NV

950030094 3256 3260 29 12-29-99

FOR

Antulla L. Linn

⑈002110⑈ ⑆122400724⑆ 000510266299⑈ ⑆0000100000⑈

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30 FEE
Bank of America**Funds Transfer Request
and Authorization**

8/21/00

0453805

Section I: Requester / Originator Information						
Name THOMAS PRYOR THERMA FREEZE, INC		Telephone Number (Day) 818 784-784 2445		Other		
Address 4430 Haskell Ave		City Encino	State CA	Zip 91436		
Customer Approval: I authorize Bank of America to transfer my funds as set forth in the instructions noted herein (including debiting my account if applicable), and agree that such transfer of funds is subject to the Bank of America standard funds transfer agreement and applicable fees.						
Customer's Signature <i>[Signature]</i>					Date 8/21/00	
Section II: Transfer Payment Instructions						
Amount of Wire (if US dollars) 2500		Amount of Wire (if foreign currency)		Country/Name of Foreign Currency (e.g. French Francs)		
Account Number to Debit 21475 - 152 87		Type of Account Debited <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		State Where Account was Opened CA		
Title or Name on Debit Account THERMA FREEZE, INC				Repetitive Wire Number (if applicable)		
Name of Person or Company Receiving Funds (Beneficiary) PUGH ASSOC. INC			Acct # of Person or Company Receiving Funds (Beneficiary Acct #) AK 33 047 4840			
Address of Beneficiary (if available): Street		City Manchester	State ND	Country	Zip	
Name of Bank Where Beneficiary Has Account (Beneficiary Bank) CITIZEN'S BANK N.H.		ID of Beneficiary Bank (e.g. Routing/ABA Number if available) ABA 011 401 533				
Beneficiary Bank Address (if available): Street Manchester N.H.		City Manchester	State NH	Country		
Name of Bank to Send Funds Thru (Send Thru Bank Name if applicable)			ID of Bank to Send Funds Thru (e.g. SWIFT ID if available)			
Send Thru Bank Address (if available): Street		City	State	Country		
Name and Phone # of Person to Contact When Funds Arrive (if applicable)			Any Additional Information for Beneficiary (if applicable)			
Any Additional Instructions for Bank Receiving the Funds (if applicable)						
Section III: Wire Acceptance Information						
Customer ID: <input checked="" type="checkbox"/> DL <input type="checkbox"/> State ID <input type="checkbox"/> Military ID <input type="checkbox"/> Passport <input type="checkbox"/> Other			Source: <input checked="" type="checkbox"/> OTC <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Letter			
ID Number: CDL # W0302 403 1-4-05						
Callback Performed (Required For Phone, Fax Or Letter): <input type="checkbox"/> Yes <input type="checkbox"/> No						
Callback Information:			Name Of Person Contacted/Reason No Callback Performed		Date	Time
Purpose Of Wire (Required if OFAC blocked country-see TAO email bulletin board "nw.help.block.entry" for listing of sanctioned countries)						
Request Acceptance Information		Date 8-21-00	Time 11:45A	Associate Name (Print) MIKHELE	Phone # 818-704-2200	Mail Code CA8-190-01-01
Section IV: Balance Approval						
Debit Date	US Dollar Amt	Foreign Currency Information (if applicable)		FX Amt	Rate	FX Ref. ID
Available Balance 9208.50	Balance Sufficient? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OD Amount		OD Covered By		
Internal Debit To: <input type="checkbox"/> ICA Serial #: <input type="checkbox"/> GL GL #:		Source of Funds if Internal Debit				
I hereby approve the overdraft for this funds transfer transaction. My approval is in accordance with the "Freedom to Act" guidelines.						
OD Authorizing Associate's Name (Please Print)			Authorizing Associate's Signature		Date	
Section V: Wire System Entry / Approval						
Entry Information:	Date	Time	Associate Name	Associate Initials	Phone #	BFT Sequence #
Verify Information:	Date	Time	Associate Name	Associate Initials	Phone #	Verify Deadline

* Always route original of this form to National Channel Operations (SC3-250-02139) when debiting an internal account

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Bank of America**Funds Transfer Request
and Authorization**

0219140

Section I: Requester / Originator Information	
Name Estrella L. Sison of Thermal Products, Inc	Telephone Number (Day) (818) 784 2445
Address 4420 Haskell Ave Encino CA 91436	Other
Customer Approval: I authorize Bank of America to transfer my funds as set forth in the instructions noted herein (including debiting my account if applicable), and agree that such transfer of funds is subject to the Bank of America standard funds transfer agreement and applicable fees.	
Customer's Signature Estrella L. Sison	Date 7/30/01

Section II: Transfer Payment Instructions			
Amount of Wire (if US dollars) \$15,603.54	Amount of Wire (if foreign currency)	Country/Name of Foreign Currency (e.g. French Francs)	
Account Number to Debit 510 266 299	Type of Account Debited <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	State Where Account was Opened Nevada	
Title or Name on Debit Account Thermal Products, Inc	Repetitive Wire Number (if applicable)		
Name of Person or Company Receiving Funds (Beneficiary) PUGH ASSOCIATES INC	Acct # of Person or Company Receiving Funds (Beneficiary Acct #) 3304748409		
Address of Beneficiary (if available): Street 82 N. Main Street	City Suffield	State CT	Country Zip USA 06078
Name of Bank Where Beneficiary Has Account (Beneficiary Bank) Citizens Bank of New Hampshire	ID of Beneficiary Bank (e.g. Routing/ABA Number-if available) ABA 011401533		
Beneficiary Bank Address (if available): Street Manchester	City NH	State	Country
Name of Bank to Send Funds Thru (Send Thru Bank Name-if applicable)	ID of Bank to Send Funds Thru (e.g. SWIFT ID-if available)		
Send Thru Bank Address (if available): Street	City	State	Country
Name and Phone # of Person to Contact When Funds Arrive (if applicable) EMMETT PUGH (860) 668 2433	Any Additional Information for Beneficiary (if applicable)		
Any Additional Instructions for Bank Receiving the Funds (if applicable)			

Section III: Wire Acceptance Information			
Customer ID: <input checked="" type="checkbox"/> DL <input type="checkbox"/> State ID <input type="checkbox"/> Military ID <input type="checkbox"/> Passport <input type="checkbox"/> Other	Source: <input checked="" type="checkbox"/> OTC <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Letter		
ID Number: 7288606 7-15-02			
Callback Performed (Required For Phone, Fax Or Letter): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Callback Information: Name Of Person Contacted/Reason No Callback Performed	Date	Time	
Purpose Of Wire (Required if OFAC blocked country-see TAO email bulletin board "nw.help.block.centry" for listing of sanctioned countries)			
Request Acceptance Information: Date 7-30-01	Time 10:30	Associate Name (Print) WALTER J. JOSEPH	Phone # 977-4748
Mail Code 131-01-01			

Section IV: Debit Information			
Debit Date	US Dollar Amt	Foreign Currency Information (if applicable)	FX Amt
			Rate
Available Balance / Balance Sufficient? 92,900.51	OD Amount	OD Covered By	
Internal Debit To: <input type="checkbox"/> ICA Serial #: <input type="checkbox"/> GL GL #:	Source of Funds if Internal Debit		
I hereby approve the overdraft for this funds transfer transaction. My approval is in accordance with the "Freedom to Act" guidelines.			
OD Authorizing Associate's Name (Please Print)	Authorizing Associate's Signature	Date	

Section V: Wire System Entry / Approval			
Entry Information: Date 7-30-01	Time 10:30	Associate Name Walter Joseph	Associate Initials WJ
Verify Information: Date	Time	Associate Name	Associate Initials
			Phone # 477-4748
			BFT Sequence # 01010 B0002570
			Verify Deadline

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Bank of America

Funds Transfer Request
and Authorization

0585166

Section I: Requester / Originator Information		Telephone Number (Day)		Other	
Name: <u>THOMAS PRYOR</u>		<u>818-784-784 2445</u>			
Address: <u>Therma Trece, Inc</u>		City: <u>Encino, CA</u>		State: <u>91436</u>	
Customer Approval: I authorize Bank of America to transfer my funds as set forth in the instructions noted herein (including debiting my account if applicable), and agree that such transfer of funds is subject to the Bank of America standard funds transfer agreement and applicable fees.					
Customer's Signature: <u>[Signature]</u>					Date: <u>10/2/00</u>
Section II: Transfer Payment Instructions					
Amount of Wire (if US dollars)		Amount of Wire (if foreign currency)		Country/Name of Foreign Currency (e.g. French Francs)	
<u>2500</u>					
Account Number to Debit		Type of Account Debited		State Where Account was Opened	
<u>21475 152 87</u>		<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		<u>CA</u>	
Title or Name on Debit Account				Repetitive Wire Number (if applicable)	
<u>Therma Trece, Inc</u>					
Name of Person or Company Receiving Funds (Beneficiary)		Acct # of Person or Company Receiving Funds (Beneficiary Acct #)			
<u>Pugh Assoc. Inc</u>		<u>A/c 330 47</u>		<u>4840</u>	
Address of Beneficiary (if available): Street		City		State Country Zip	
		<u>Manchester NH</u>			
Name of Bank Where Beneficiary Has Account (Beneficiary Bank)		ID of Beneficiary Bank (e.g. Routing/ABA Number-if available)			
<u>Citizen BK of NH</u>		<u>ABA 011 401 533</u>			
Beneficiary Bank Address (if available): Street		City		State Country	
<u>Manchester, NH</u>		<u>Manchester NH</u>			
Name of Bank to Send Funds Thru (Send Thru Bank Name-if applicable)		ID of Bank to Send Funds Thru (e.g. SWIFT ID-if available)			
Send Thru Bank Address (if available): Street		City		State Country	
Name and Phone # of Person to Contact When Funds Arrive (if applicable)		Any Additional Information for Beneficiary (if applicable)			
Any Additional Instructions for Bank Receiving the Funds (if applicable)					
Section III: Wire Acceptance Information					
Customer ID: <input checked="" type="checkbox"/> DL <input type="checkbox"/> State ID <input type="checkbox"/> Military ID <input type="checkbox"/> Passport <input type="checkbox"/> Other		Source: <input checked="" type="checkbox"/> OTC <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Letter			
ID Number: <u>CDL 4 W0302 403 1-4-05</u>					
Callback Performed (Required For Phone, Fax Or Letter): <input type="checkbox"/> Yes <input type="checkbox"/> No					
Callback Information: Name Of Person Contacted/Reason No Callback Performed		Date		Time	
Purpose Of Wire (Required if OFAC blocked country-see TAO email bulletin board "nw.help.block.cntry" for listing of sanctioned countries)					
Request Acceptance: Information		Date		Time	
		<u>10/02/00</u>		<u>11:40</u>	
Associate Name (Print)		Phone #		Mail Code	
<u>Galikova, E.</u>		<u>(313) 997-4800</u>		<u>028-130-01-01</u>	
Section IV: Wire Transfer Details					
Debit Date		US Dollar Amt		Foreign Currency Information (if applicable)	
Available Balance		Balance Sufficient?		OD Amount	
<u>24,326.49</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Internal Debit To:		Source of Funds if Internal Debit			
<input type="checkbox"/> ICA Serial #:					
<input type="checkbox"/> GL GL #:					
I hereby approve the overdraft for this funds transfer transaction. My approval is in accordance with the "Freedom to Act" guidelines.					
OD Authorizing Associate's Name (Please Print)		Authorizing Associates Signature		Date	
Section V: Wire System Entry / Approval					
Entry Information:		Date		Time	
Associate Name		Associate Initials		Phone #	
Verify Information:		Date		Time	
Associate Name		Associate Initials		Phone #	
Verify Deadline					